

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

Received
9/20/10
Andre M. And

(1) McKinley D. Hudson
 Name
 (2) 4445 N.W. 65th Avenue
 Address (number and street)
Lauderhill, Florida 33319
 City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate (office sought): Lauderhill City Commission, Seat 2
☐ Political Committee ☐ CHECK IF PC HAS DISBANDED
☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED
☐ Party Executive Committee ☐ CHECK IF NO OTHER ELECTIONEERING
☐ Electioneering Communication COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7 / 1 / 10 To 9 / 10 / 10 Report Type G1
☐ Original ☐ Amendment ☐ Special Election Report ☒ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ ~~800~~ ^{JUNE} _____
 Loans \$ 800 ⁰⁰ _____
 Total Monetary \$ 0 _____
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ \$635.43
 Transfers to Office Account \$ 0
 Total Monetary \$ 0

(8) Other Distributions \$ 635.43

(9) TOTAL Monetary Contributions To Date
 \$ \$800.00

(10) TOTAL Monetary Expenditures To Date
 \$ 635.43

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Lameniece H. Rowe
☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Lameniece H. Rowe
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) McKinley D. Hudson
☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X McKinley D. Hudson
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name McKinley D. Hudson

(2) I.D. Number _____

(3) Cover Period 7 / 1 / 10 through 9 / 10 / 10

(4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name McKinley D. Hudson

(2) I.D. Number _____

(3) Cover Period 7 / 1 / 10 through 9 / 10 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
07/1/10	CITY OF LAUDERHILL 5881 W. OAKLAND PARK LAUDERHILL, FLORIDA 33313	FILING FEE	MON		\$685.42
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